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The "small group" principle

The most important effect of the "small group" principle is that the fewer contacts you have, the easier it is for you to anticipate reactions encountered in daily communications. This provides you with a model for mixing with others and for intensifying your relationships. If you become a part of a large group, you never get to know the other group members or learn to anticipate their responses.

The "small group" principle has been easy to sell because it embodies so many inherently normal, psychological features and is easy to explain. It is therefore acceptable to architects, administrators and politicians. It has taught us the significance of using easily understood terminology when we try to justify our wishes.

The sociological literature does not contain much information on the living conditions of the mentally retarded. Some general views are to be found in "Handbook of Small Group Research" by A. Paul Hare. In the 4/1974 issue of this magazine we published a table illustrating the basic differences between a large and a small group.

How big is a small group?

A decisive factor in identifying what is a large or a small group is the ability of the different members to relate to one another. If the group is larger than 6-8 people, subdivisions tend to form.

The larger a group, the greater the qualitative decline in the interaction of group members. Increasingly mechanical measures come into use in a large group, members become increasingly insensitive to interpretations and variations

and radical solutions to problems, irrespective of whether **all** the members agree or not, become increasingly common. There is also a risk of some member making decisions over the heads of the other members.

The smaller the group, the more dependent the members are on one another. That is why it is important for the group to be composed in the correct manner.

Roles

The social relationships and interactions in a small group of mentally retarded people are governed to a large degree by the personalities of the individual members (the way they respond, act and take initiatives) and the role they play, on the one hand, and the physical environment, staff and public attitudes, on the other hand. These circumstances jointly shape the role the group is expected to play.

In order to promote social relationships within the group, the group members should be heterogenous, i.e. mixed with respect to sex, age and care needs within certain limits. But there obviously have to be separate environments for children and for adults,

Homogenous groupings and collective care were features of previous decades. People familiar with care of the mentally retarded know how attempts have always been made to group patients in houses and departments on the basis of certain behavioural patterns. This would not be necessary if we were able to practice the "small group" principle.

Security and expectations

A group of people form a functioning group only after having developed standards and a system of roles. Affective relationships, the manner in which individuals feel secure **and** appreciated and the extent to which they are in a

position to make the best of their personal attributes are decisive. The larger the group, the larger the number of people who run the risk of feeling threatened and inhibited, and the gap between active and passive members is obliterated. That is why the group must be small, so that group members are able to build up personal relationships.

Thus, the small group living together is characterized by a fairly fixed pattern in its interactions. This pattern displays determinative characteristics, such as attraction and rejection reactions between people, repeated at rather frequent intervals. In this way, members begin to develop expectations of one another.

Objective for the group

The most modest objective for a group of retarded people living together can be said to avoid-disturbing one another. The most ambitious objective is the formation of a "we" feeling enhancing emotional and social functional performance. Joint conduct may thus be capable of solving problems a single person is incapable of dealing with and may facilitate group daily life.

Number of relationships

The following table shows the number of alternative relationships in a group, depending on the group's size. These alternative relationships are to be found in a group of four persons, for instance.

one + one	6 relationships
two + one	12 - " -
two + <i>two</i>	3 - " -
three + one	<u>4 - " -</u>
	25 relationships

<u>Group size</u>	<u>Number of alternative relationships</u>
2	1
3	6
4	25
5	90
6	301
7	,966
8 -	2059

How large is the optimum group?

Interaction is obviously most easily described for two people living together. There are some differences with larger groups, depending on whether the number of members is odd or even. In groups of three, one of the members tends to get left out of things. In groups of 4, there is often a subdivision into two + two. Therefore, the optimum group size in many contexts is considered to be five members. With a larger number of members, the number of alternative relationships definitely becomes too -large.

How large a group for retarded people?

In respect to mentally retarded people, group interaction is particularly affected by the intellectual shortcomings of group members, a circumstance which brought them together in the first place. This plays a major role in determining how the group's members relate to one another, and therefore makes special demands on group size, the physical environment and the staff's anticipations and behaviour. The reduced level of intellectual skill does not prevent members from understanding and recalling the responses of other group members. Moreover, brain damage is the cause of retardation for most of the adults in this form of living, so their functional capacity in intellectual terms varies more than in other retarded people. Many also

suffer from some impairment of hearing, vision or speech.

For these reasons, it is especially important for mentally retarded people to be able to live in a small group. The number of alternative relationships must not be too large.

In joint accommodations for retarded people, staff must obviously be included in the group, if the idea is for the staff to attempt to establish closer relationships to the retarded people rather than merely administrative relationships. On the average, there is at least one staff member for every four residents. This suggests that four retarded people represent the "optimum number in joint residential accommodation.